

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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18						
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		4				
27		4				
28		4				
29		4				
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31		1				
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43		1				
44		1				
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	41					
TOTAL CLAIMS	45					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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TOTAL DEP.								
TOTAL CLAIMS								